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STOCKSBRIDGE  
URBAN DISTRICT COUNCIL



Annual Report  
of the  
Medical Officer of Health  
for the Year  
1954





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# Stocksbridge Urban District Council.

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## Public Health Committee, 1954.

Councillor O. Inman. (Chairman).

- „ J. W. Allott.
- „ H. Bradbury.
- „ J. P. Holling (Chairman of the Council).
- „ T. Hush.
- „ A. Rains.
- „ L. H. Scholey.
- „ A. Sweeney, C.C.
- „ Mrs. M. West (Vice-Chairman of the Council).
- „ J. W. Whitehead.
- „ A. E. Jackson.
- „ A. T. Needle.

## Staff of the Health Department.

### Medical Officer of Health.


J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.

### Senior Assistant Medical Officer.

J. J. SMITH, M.B., Ch.B., D.P.H.

### Sanitary Inspector and Surveyor.

DOUGLAS E. ROBINSON, M.S.I.A., Cert. M. & F.I.



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# Stocksbridge Urban District Council.

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## Annual Report of the Medical Officer of Health for 1954.

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TO THE CHAIRMAN AND MEMBERS OF THE STOCKSBRIDGE  
URBAN DISTRICT COUNCIL

LADY AND GENTLEMEN,

I have the honour to submit my Annual Report upon the Health Services of the Stocksbridge Urban District for the year ended 31st December, 1954.

This report conforms to the usual pattern of the Annual Reports of recent previous years. The Registrar General has issued some statistics in a slightly different form but they make no difference to the substance of the report.

No special requests for particular comment is asked for by the Ministry this year but I intend to give some space to subjects dealing with Sewerage and Sewage Disposal, Water Supplies and upon the question of Hygiene in Food Handling. I have also included in this report some statistics about the Health Services provided by the Local Health Authority.

On glancing through the statistics in the body of the Report we notice that the Birth Rate has increased very slightly but is still less than the country generally and the Rate for the West Riding Administrative County. The corrected rate after application of the comparability factor is 14.01. The Crude Death Rate for the district is very much increased compared with the 1953 rate,



and compares unfavourably, too, with those for England and Wales and for the Administrative County of the West Riding. The Corrected Rate for Stocksbridge is 17.01. The Rate for Still-Births is in a slightly different form this year. It is the Rate per 1,000 Live and Still-Births and not the Rate per 1,000 of the Estimated Population as has been the practice in previous years. According to this form of calculation the Rate for 1953 would have been 40.00, thus at 39.50 the Rate for last year was very slightly more favourable. Here, again, this rate for Stocksbridge compares unfavourably with that for the rest of the country. The Infantile Death Rate for your District for 1954 is very disappointing indeed. In 1953 we had the lowest recorded rate and this year the figure is 34.2 per 1,000 Related Live Births. In fact 5 young children died of whom 4 died within the first week of life and the remaining one before the end of the third week. All the deaths were due to Congenital conditions and probably the effects of Birth Injuries and might be considered as unavoidable. One can only add here that these figures emphasise how important it is that expectant mothers should have adequate ante-natal care.

If we consider the principal causes of death we notice that, as in previous years, the chief cause of death was disease of the circulatory system, which includes disease of the heart. In 1954, 40% of the deaths came in this category. One can also note that 86 out of the total number of 125 deaths occurred in persons over the age of 65. Deaths under the age of 45 totalled in all 11, and, of these, 5 occurred before the children had lived 3 weeks.

So far as Infectious Diseases were concerned the most prevalent infection throughout the year was Measles, although the figures were very considerably reduced as compared with 1953.

That part of the Report prepared by Mr. Robinson dealing with the Sanitary Circumstances gives an up-to-date picture of the present position with regard to the Sewerage and Sewage Disposal of the District. You know, of course, that the problem of the Sewage Disposal works still exists. There is also the problem of added strain on the Sewerage system. During the year well over a 100 new W.C's were completed in the district



together with extra new amenities provided in 94 new council houses. These make considerable demands on the existing Sewerage and Sewage Disposal system. It is hoped, however, that in the very near future some work will commence with extension of the Sewage Disposal Works and some amendment to the existing Sewerage system. The position in Stocksbridge is getting urgent.

The Water Supplies to the District are very satisfactory and all but 82 houses out of the 3,334 within the District are on a Public supply. These few houses not on the main supply obtain water from private sources which might not always be satisfactory particularly from the quantitative point of view. The quality has remained good throughout the year.

Once again I would like to acknowledge with thanks the encouragement I have received from the Chairman and the Members of the Health Committee and from the Clerk and the other Officers of the Council. I would like also to put on record here my continued appreciation of the most helpful advice and co-operation I have received from Mr. Robinson, my Chief Sanitary Inspector. I would like also to acknowledge with grateful thanks the help and loyal support which I have received throughout the year from Dr. J. J. Smith, the Senior Assistant County Medical Officer.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health

## DISTRICT STATISTICS IN BRIEF.

The Stocksbridge Urban District covers an area of 4,631 acres. The number of inhabited houses at the end of 1954 was 3,334. The rateable value of the district is £58,537 whilst the product of a penny rate is £227 as at 31st March, 1954.

## VITAL STATISTICS.

**Population.** The Registrar General has given his estimation of the population as 10,240, an increase of 20 as compared with the 1953 figure.

**Births.** There were 146 live births registered in the district during the year. Of these 78 were males and 68 females. This is an increase of 2 compared with last year. There were 2 illegitimate births, 1 male and 1 female.

**Still-Births.** During the year there were 6 still-births, 3 males and 3 females. There were no illegitimate still-births.

**Deaths.** 125 deaths were attributed to the district during 1954. This is an increase of 39 compared with the 1953 figure. 63 male and 62 female.

Below I give tables of Live Birth Rates, Still-Birth Rates and Crude Death Rates with those rates for other parts of the Country.

## RATES PER 1,000 TOTAL POPULATION.

Year.		England and Wales.		West Riding Administrative County.		Stocksbridge U.D.
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### LIVE BIRTHS.

(Rates per 1,000 of the Population)

1954	...	15.2	...	15.1	...	14.3
1953	...	15.5	...	15.7	...	14.09
1952	...	15.3	...	15.4	...	14.03
1951	...	15.5	...	15.8	...	15.57
1950	...	15.8	...	16.3	...	16.6

### DEATHS (Crude Death Rate).

(Rates per 1,000 of the Population)

1954	...	11.3	...	11.9	...	12.2
1953	...	11.4	...	11.6	...	8.41
1952	...	11.3	...	11.5	...	10.37
1951	...	12.5	...	12.7	...	10.6
1950	...	11.6	...	11.8	...	9.6

### STILL-BIRTHS.

(Rates per 1,000 Live and Still-births)

1954	...	23.4	...	25.9	...	39.5
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## PRINCIPAL CAUSES OF DEATH.

	Male.		Female.	Total.
INFECTIVE DISEASES.				
Tuberculosis respiratory ...	1	...	—	1
CANCER.				
Malignant neoplasm, stomach	2	...	3	5
Malignant neoplasm, lung ...	6	...	1	7
Breast ... ..	—	...	1	1
Uterus ... ..	—	...	2	2
Other malignant and lymphatic neoplasms ... ..	7	...	7	14
DIABETES ... ..	—	...	1	1
NERVOUS SYSTEM.				
Vascular lesions of nervous system ... ..	3	...	9	12
CIRCULATORY SYSTEM.				
Coronary disease, angina ...	11	...	3	14
Other heart diseases ...	4	...	7	11
Other circulatory diseases ...	6	...	7	13
Hypertension with Heart Disease	3	...	9	12
RESPIRATORY SYSTEM.				
Influenza ... ..	1	...	—	1
Broncho-Pneumonia... ..	1	...	—	1
Bronchitis ... ..	1	...	1	2
Other Diseases of Respiratory System ... ..	2	...	—	2
GENITO-URINARY SYSTEM.				
Nephritis and Nephrosis ...	—	...	3	3
CONGENITAL MALFORMATIONS	2	...	—	2
OTHER DEFINED AND ILL-DEFINED DISEASES	8	...	8	16
VIOLENCE (Suicide) ...	2	...	—	2
ACCIDENTS (Motor Vehicle)	1	...	—	1
Other Accidents ... ..	2	...	—	2
ALL CAUSES ... ..	63	...	62	125

## AGE DISTRIBUTION OF DEATHS.

			Male.		Female.
Under 1 year	...	...	5	...	-
1 to 2 years	...	...	-	...	-
2 to 5 „	...	...	-	...	-
5 to 15 „	...	...	-	...	1
15 to 25 years	...	...	-	...	-
25 to 45 „	...	...	5	...	-
45 to 65 „	...	...	13	...	15
65 years and over	...	...	40	...	46
			—		—
	TOTAL	...	63	...	62

**Infantile Mortality.** There were 5 deaths under 1 year of age (all males), equivalent to a rate of 34.2 per 1,000 live births.

## DEATHS UNDER 1 YEAR.

## RATES PER 1,000 RELATED LIVE BIRTHS.

Year.		England and Wales.		West Riding Administrative County.		Stocksbridge U.D.
1954	...	25.5	...	28.0	...	34.2
1953	...	26.8	...	29.3	...	6.9
1952	...	27.6	...	30.0	...	21.1
1951	...	29.6	...	31.8	...	18.9
1950	...	30.0	...	35.1	...	52.0



## AGE DISTRIBUTION OF INFANT DEATHS.

CAUSE OF DEATH	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Congenital ... ..	1	-	1	-	2	-	-	-	-	2
Atelectasis of Lung ...	1	-	-	-	1	-	-	-	-	1
Cerebral Hæmorrhage ...	1	-	-	-	1	-	-	-	-	1
Pneumothorax ... ..	1	-	-	-	1	-	-	-	-	1
TOTALS ... ..	4	-	1	-	5	-	-	-	-	5
1953 ... ..	1	-	-	-	1	-	-	-	-	1
1952 ... ..	2	-	-	-	2	1	-	-	-	3
1951 ... ..	2	-	-	-	2	-	1	-	-	3
1950 ... ..	4	-	-	-	4	5	-	-	-	9

**Maternal Mortality.** There were no maternal deaths during 1954.

**Epidemic Diseases.** There was 1 death in the Epidemic Diseases (other than Tuberculosis) Group during the year—1 male died from Influenza.

**Inquests.** Inquests were held on 6 occasions and in 16 cases the cause of death was certified by the Coroner after Post Mortem Examination without Inquest.

## PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

### Infectious Diseases other than Tuberculosis.

During the year 161 cases of Infectious Diseases were notified.  
They were distributed as follows:—

			Notifications.		After Correction.
Measles	...	...	142	...	142
Scarlet Fever	...	...	10	...	10
Paratyphoid	...	...	1	...	1
Poliomyelitis (Non-Paralytic)	1	...		...	—
Whooping Cough	...	...	5	...	5
Pneumonia	...	...	1	...	1
Ophthalmia Neonatorum			1	...	1
			—		—
			161		160

### Attack Rate of Commoner Infectious Diseases.

Disease.		England and Wales.		West Riding Administrative County.		Stocksbridge U.D.
Scarlet Fever	..	0.96	...	1.25	...	0.97
Pneumonia	...	*	...	*	...	0.09
Measles	... ..	3.32	...	3.47	...	13.86
Whooping Cough	...	2.39	...	2.03	...	0.48
Poliomyelitis (including Polioencephalitis)						
Paralytic	...	0.03	...	0.03	...	0.00
Non-Paralytic		0.01	...	0.01	...	0.00

\* Figures not available.

## DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS.

Age Group.	Measles.	Scarlet Fever.	Paratyphoid.	Poliomyelitis (Non-Paralytic).	Whooping Cough.	Pneumonia.	Ophthalmia Neonatorum.
Under 1 year	6	—	—	—	2	—	1
1—2 years	6	—	—	—	1	—	—
2—3 "	13	—	—	—	—	—	—
3—4 "	12	—	—	—	—	—	—
4—5 "	17	1	—	—	2	—	—
5—10 "	82	6	1	—	—	—	—
10—15 "	5	3	—	—	—	—	—
15—20 "	—	—	—	—	—	—	—
20—35 "	1	—	—	—	—	1	—
35—45 "	—	—	—	—	—	—	—
45—65 "	—	—	—	—	—	—	—
Over 65 years	—	—	—	—	—	—	—
TOTALS	142	10	1	—	5	1	1

**Scarlet Fever.** There were 10 cases of Scarlet Fever notified during the year, 7 more than in 1953. Of these all but 3 were admitted to hospital.

The Attack Rate for Stocksbridge at 0.97 per 1,000 of the Estimated Population is practically the same as that for England and Wales but is less than that for the Administrative County of the West Riding.

Two cases occurred in the first quarter of the year and 8 in the second quarter. They were all under the age of 14 years.

**Diphtheria.** No case of Diphtheria occurred during 1954, making in all 9 years freedom from this disease. It is very pleasant to report this good news but I must issue a warning. This happy state of affairs has undoubtedly resulted from the systematic immunization of the young population, and can only remain so if there is a continuation of the high immunization level. To leave children unprotected and allow the level to fall invites the arrival of an outbreak of the disease in almost certain severe form. I appeal most strongly to parents and guardians of the "under school age children" to make sure these young people receive this protection, and again when they are 5 years old. They must not be apathetic about this vital safeguard to the health and well-being of the young children.

In Great Britain last year there were only 182 (Provisional) notifications of the disease. What a change from the 18,500 or so "Corrected" notifications of 1945!

Immunization is offered free from the Local Health Authority at the Clinics, or it can be provided by the Family Doctor, also free of charge.

The numbers being immunized in Stocksbridge are not good enough. There were 106 "under 1 year olds" immunized for the first time and 89 who received a "Booster" dose at the age of 5.

**Measles.** This disease re-appeared in minor epidemic form during the last quarter of 1954. In all, during the year, there were 142 cases. Of these 132 occurred in the last quarter. The number of cases was less by 135 than the previous year. The Attack Rate of 13.86 however, compares very unfavourably with that for the rest of the country. The young people were those principally affected all except 6 being under 10 years of age.

I must again emphasise how important it is that those in charge of patients suffering from Measles should beware of the spread of infection. The disease is spread by droplet infection from the infected person. The patients should be so isolated that the infected droplets from their mouths do not reach an uninfected person.



**Whooping Cough.** There were only 5 cases of Whooping Cough during the year. They all occurred in the second quarter. This is a much more favourable picture than that for the rest of the country where the Attack Rate was almost 5 times greater.

This disease is also very infective and the same precautions should be taken by those in charge of cases as is suggested for Measles. These diseases can cause serious permanent disability and we have got to do what we can to keep them under control.

So far as Whooping Cough is concerned we have now adopted within the County a scheme for systematic Immunization against the disease. The procedure may suffer from the fact that the protection demands the injection of 1c.c. of the antigen at monthly intervals. This is sometimes considered a bit excessive by some parents particularly when the protection against Diphtheria demands a further monthly injection for two months, although with much less volume of antigen. It would be much more convenient, and generally acceptable, if the combined antigen were used, but the County Medical Officer has been advised against this procedure for the time being. It is only about two years now since the Immunisation scheme started and, thus, too early to give an opinion as to any probable effect it might have on the incidence of Whooping Cough within the District. I do not think there are enough taking advantage of this protection available for the young children. But there again I cannot give exact numbers as many of the young babies are immunised by the Family Doctor using the combined antigen, and our records of such immunisations are rather fallible. We must wait a little longer to see what those protective measures have meant to the young person. If it turns out to be anything like the Diphtheria story then how very worth while it is.

During the year only 5 children were immunised against Whooping Cough under the County Council's scheme.

**Para-Typhoid Fever.** There was one case of Para-Typhoid Fever in the district during the year. This child was admitted to a general hospital for investigations and was subsequently diagnosed and sent to Lodge Moor Hospital. Immediate and detailed investigations were begun to ascertain the origin of this infection but nothing positive could be found.

There were no more cases and all close family contacts were found to be free from the infection.

**Poliomyelitis.** Fortunately the only notification of this disease received during the year was not confirmed after investigation in hospital. There was a paralytic case in the district in 1953 so it would appear that we must be ever on the look-out for the re-appearance of this infection in our midst. I am impressed by the obvious alarm experienced by many parents



when the word "Polio" is mentioned. The fear that their child may become a victim is very real. They make sure their children do not meet the case or close contacts with the case. They are indignant if they think there has been any carelessness on the part of the close contacts of the case, and we do not blame them for adopting that attitude (I wish they would be half as keen when Measles or Whooping Cough are around). But they must not get over anxious. They must put into practice the ordinary everyday rules of personal hygiene and insist on the child having his or her minimum of 12 hours in bed at night.

**Tuberculosis.** During the year 11 cases of Tuberculosis were notified, 9 Pulmonary and 2 Non-pulmonary. The following table gives the age and sex distribution of the cases notified.

AGE GROUP.		RESPIRATORY.		NON-RESPIRATORY	
		M.	F.	M.	F.
0—5 years	...	-	-	1	-
15—30 „	...	1	6	-	1
30—45 „	...	-	1	-	-
45—65 „	...	1	-	-	-
TOTAL		2	7	1	1

At the close of the year on the Tuberculosis Register there were 66 cases of Pulmonary Tuberculosis (37 male and 29 female) and 31 cases of Non-pulmonary Tuberculosis (16 male and 15 female).

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the Milk Trade) and under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from Tuberculosis).

There were 2 more cases than in 1953, one being Respiratory and the other Non-respiratory. All 11 cases were brought to our notice by the Family Doctor, the Chest Physician or by Miniature Film Chest X-Ray by the Mass Radiography Unit. During the year 7 cases (2 male—5 female), were admitted to Sanatorium and 5 cases were discharged from Sanatorium with the disease quiescent.

The Tuberculosis Health Visitor employed full-time in this work in the Division follows up each of these cases immediately it is notified. It is essential that no time should be lost in rounding up all contacts of positive cases notified, so that any possible early infection can be controlled at once. This is not always easy as contacts are sometimes difficult to trace and it is not

unknown for some to be somewhat resentful at this interference. I have found that some people adopt a peculiar attitude when they are involved in a Tuberculosis investigation. It almost seems as if they were ashamed to have fallen a victim to this disease and tend to conceal the fact. There is thus a fear that all suspects are not rounded up for examination. The Health Visitor is the one who tries to persuade these contacts to go for X-Ray and to co-operate in an enquiry and it says a lot for Mrs. Todd, our Tuberculosis Health Visitor, that she has always succeeded in getting the full co-operation of those concerned.

To deal with this disease properly there must be the closest co-operation amongst the various sections involved, viz, Family Doctor, Medical Officer of Health, Health Visitor, Chest Physician and Sanatorium. Information about cases should be freely available to each Section and this is another example of the value of the Health Visitor for after all she is the one who maintains the link in this chain of service. We are very fortunate in Division 22 as this chain is strong.

You will remember in the early part of the year, we had a visit from the Mass Radiography Unit to the Township, principally to the works of Messrs. Samuel Fox & Co Ltd. The visit was organised by the work's Medical Officer so that a survey of the employees of that firm could be made. The Medical Officer, Dr. B. P. R. Hartley, M.B.E., very kindly offered me a session when I could have selected groups X-Rayed in the premises. I gladly accepted this offer and on that occasion 45 School Children, 11 Teachers, 55 Employees of shops and offices and 115 general public availed themselves of the opportunity for Chest X-Ray. Two cases only required second X-Ray but no case of the disease was reported from any of them. The following is a short note of the statistics relating to the survey of employees of Messrs. Samuel Fox & Co. Ltd.

		1950	1954	Increase
Attendances	Male	3916	4209	293
„	Female	497	660	163
	Total	4413	4869	456

Of the total number examined during the survey 50.9% resided in the area of the Stocksbridge Urban District. This number is approximately 24.2% of the population of Stocksbridge.

Of the number examined 0.63% were referred to the Chest Clinic for further examination. A further 13.1 % were referred to their own Doctor for causes other than Tuberculosis.

Of the total number examined 0.45% were newly discovered cases of Tuberculosis; 0.16% of these were active and 0.36% inactive cases.



At the 1950 survey 0.35% were referred to the Chest Clinic and none of these were diagnosed as Tubercular. Of the number examined 1.4% were referred to their own Doctor for causes other than Tuberculosis as against 3.1% at the 1954 session.

Whilst the population figures of Stocksbridge have fallen by 80 since 1950 it would appear that more people have availed themselves of the opportunity of a check up.

Besides this survey carried out at Messrs. Samuel Fox & Co. Ltd. another survey was conducted at Messrs. Lowoods Ltd. where a total of 325 (294 Male—31 Female) were X-Rayed. Of these numbers 6 were referred as suspected cases of Tuberculosis and 44 were referred to their own Doctor as cases of chest trouble other than Tuberculosis.

I am unable to give any figures as to the percentage of those surveyed at Messrs. Lowoods, who were resident in the Stocksbridge Urban District. Any statistics therefore would be mere approximations and have no real value.

Housing is an important factor where Tuberculosis exists. It is essential that the infected person should have separate sleeping accommodation. Whenever I come across the case where such accommodation is not available, I appeal to you as the Housing Authority for special consideration for re-housing. You have readily supported me, and during 1954, one such family was re-housed in suitable accommodation.

**Food Poisoning.** Last year again we had no cases of Food Poisoning notified to the Department. Until 1953 the trend in the country generally was that there was an increase in the number of incidents (incident is an outbreak or individual sporadic case). One should be cautious in deducing from this fact that Food Poisoning cases are becoming more numerous. It is quite probable, and almost certain, that more cases are being notified to the Medical Officer of Health than was the habit of the Family Doctor in time past. I think, too, that the man in the street is more concerned about Food Poisoning and he is only too pleased to draw his Doctor's attention to his symptoms.

The last figures for the country would indicate that the type of Food Poisoning was that caused by the swallowing of contaminated food. How that food becomes infected of course is another matter. Many agencies can be involved, flies, vermin, exposure to dust and the careless handling of food by people who either do not know, or will not learn, the elements of elementary hygiene.

In Stocksbridge we have been exceedingly fortunate in the last two years. I really think the people are alive to this question of Food Poisoning, and it is interesting that a Voluntary Organisation within the Township has promoted its own clean food handling campaign. I have heard that shoppers have complained to shopkeepers when they observed what they took to be unhygienic conditions. I have never heard that the person in charge was unco-operative. The Chief Sanitary Inspector is consulted from time to time by purveyors of food on questions of general hygiene and the happiest relationship exists between the shop keepers and the Chief Sanitary Inspector. It would appear to me that in the Township, shop keepers generally speaking want to be helpful.

To prevent the occurrence of Food Poisoning it is necessary to encourage education in proper methods of food handling. This can best be done in Schools and in Clinics with a hope that in time the habits of food handlers will become satisfactory. An important method of Education of the Shop keeper is for the Public to be firm and refuse to accept food which is produced and served in unhygienic premises in unclean utensils by careless purveyors.

I am greatly indebted to the Chairman of the Health Committee for his enthusiastic interest in the problem of hygiene in food handling. He has suggested the possibility of an exhibition on the subject and this may take place some time in the near future.

**Health Education.** This is a natural follow on from the previous subject which is one of the main topics of discussion in any group which meet to discuss Health problems. Poster displays, informal chats at Clinics, in Schools, and amongst Voluntary Organisations have been regular features of Health propaganda.

I have found that it is not always easy to collect an audience exclusively to discuss health problems. I have also found that the general public is, on the whole, interested in health matters and if they have a problem, they do not mind discussing it with one of the Health Department's team of Officers. One feels that the opportunity to discuss Health problems must be seized when groups of people meet together during the normal course of their every day life. We can get children in School, young parents at Clinics, and we must make a special effort to filter in to the other organisations that exist and have the problems of Health as an item on the agenda. Here I would like to point out that I and members of my staff are only too pleased to discuss any matters dealing with health if invited by groups of people interested in the subject.

**National Assistance Act, 1948.** There was no occasion to use the provision of Section 47 of the National Assistance Act, 1948, or the Amendment Act, 1951, during the period under review.



## GENERAL PROVISION OF THE HEALTH SERVICES.

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**Hospitals.** The Sheffield Regional Hospital Board are responsible for the provision of the Hospital services covering the district. Cases of Infectious Disease are admitted to Lodge Moor Hospital, Sheffield, and on occasion to the Kendray Hospital, Barnsley. General cases are admitted to the Sheffield group of Hospitals, and probably one or two may be admitted to the Beckett Hospital at Barnsley. Hospitals are reasonably convenient to the district.

**Laboratory Services.** Laboratory services which we can use are available at Wakefield, Barnsley and at the City General Hospital, Sheffield. Each of those Laboratories has a Medical Director who is available to give advice and help in the investigation of any problem requiring Laboratory services.

**Ambulance Facilities.** The County Ambulance Service, under the direction of the County Ambulance Officer, is responsible for the conveyance of patients to and from Hospital.

An Ambulance depot at Hoyland, where there are seven vehicles, gives a service covering the Stocksbridge Urban District. These vehicles are fitted with two-way Radio equipment and are therefore in constant touch with a centre no matter where they may be operating at the time. This, in effect, means that the District is served by all those vehicles if they are required in an emergency. A call to the depot means immediate contact with the ambulance operating nearest to the place required. It can be diverted there and then to the case.



**Clinics:** The following are some details of Clinics and ancillary services provided by the Local Health Authority:

**Tuberculosis Clinics.** There is a Tuberculosis Clinic held every Monday afternoon in a room at the rear of the Town Hall, at which the Chest Physician attends with his staff, including the Tuberculosis Health Visitor. This Clinic is more or less in the form of an advisory Clinic, where patients can consult with the Chest Physician, and probably receive minor investigation. Any fuller investigations, of course, are carried out at the main Clinic which is in Barnsley, and where the Chest Physician, Dr. H. A. Crowther, is always in attendance. There is also a Clinic in Penistone on the first and third Thursday afternoons of each month.

**Child Welfare Clinics.** Child Welfare Clinics continue as a feature of the Local Health Authorities services being held each Tuesday in the British Hall with Dr. D. Patterson in charge. At the Clinic also are the Health Visitors, Miss Morris, Mrs. Keaney and Mrs. Dransfield (Assistant). The Clinic continues to be popular although the attendances did not seem to be so high as in the previous year. To begin with, less new babies attended for the first time although there was an increase in the number of babies born during the year. This could be a sequel to the change-over of Health Visitors when Miss Morris left the service sometime in September. Mrs. Keaney had commenced duties as Health Visitor in July and she, as a newcomer to the Service, together with Mrs. Dransfield were left to shoulder all the responsibility of visiting, running the Clinic and organising the distribution of Welfare Foods. It was only a passing phase however for towards the end of the year the rate of attendances was returning to normal once again. During the year, 97 babies were brought to the Clinic for the first time. Altogether 178 children attended the Clinic regularly and all told there were 988 attendances recorded. I would like to put on record here, my grateful thanks to the Voluntary Committee of ladies who never fail to attend the Clinic and give valuable assistance to the Doctor and the Health Visitor. I do not know how the Clinics would get along without them.

**Ante-Natal Clinic.** Ante-natal advice is given by Doctor Patterson on the first and third Friday of each month in the Clinic premises. There is not so much ante-natal work done by the Local Authorities' staff now, but there are still a few expectant mothers who come by appointment. During 1954, 10 such cases attended for advice, making 25 attendances altogether.

**Special Clinics.** At the British Hall special Clinics are held at fixed times. School Minor Ailment, Speech Therapy, Group Handicraft class for Mental Defective and Ophthalmological Clinics are the regular ones.

The Speech Therapy Clinic arrangements were amended towards the end of the year in consequence of the demand from another Division for the services of Mrs. Battye, our Speech Therapist. Approximately 8 children attended for this service. Speech Therapists are in short supply and in our case we must share her services with those where none is available.

On Friday mornings the specially qualified Home Teacher, Miss Porter, meets a group of about 8 Mentally Backward children and gives them training in handicraft, elementary educational subjects and in music and movement. This class is having some success and the children love to attend.

On the occasions when he is required we have a visit from Mr. McNeil, the Consultant Ophthalmologist, who conducts a Clinic arranged for those with eye defects. The cases seen by the ophthalmologist are chiefly children referred by the School Medical Officers. During 1954, 80 attendances were made at this Clinic. There were 29 new cases, and 28 children were supplied with glasses through the School Health Service.

Another service provided at the Clinic is Vaccination against Smallpox. This is a voluntary business and is available free for the asking. I wish more would ask for it. We do try to point out how important it is for the child to be vaccinated early in life, but somehow it is not a popular idea. When the child is immunised against Diphtheria followed by immunisation against Whooping Cough, the mother may think that her infant has had enough for the time being. Vaccination is the protective procedure which has a "reputation" for upsetting the child's temperament for a day or so, and thus mother may choose to postpone indefinitely the question of Vaccination. This is a pity. Smallpox is a deadly disease and anything to protect one against it is well worth the trouble. In Stocksbridge last year only 24 persons were vaccinated against Smallpox; of these 22 were Infants and two were adults who had received their second vaccination. In the two years 1953 and 1954 a total of 290 children were born and in the same period 50 were vaccinated. That number of 50 included those vaccinated up to the age of 14 so the Rate of Infant Vaccination is not very good. I would like to see an improvement.



**Distribution of Welfare Foods.** The Welfare Foods (Dried Milk, Cod Liver Oil, Vitamin Tablets, Orange Juice) are distributed at the Clinic to those who are entitled to have them. During the year, with the closing down of the Local Offices of the Ministry of Food, the duty of getting the Welfare Foods to the public was taken over by the Ministry of Health. Last July we began this extra service which meant a great deal of additional work with no comparable increase in assistance. We did obtain one female clerk, redundant from the Food Office, and whom we found had been responsible for much of the work whilst in her previous employment. But as there is a very large amount of clerical work involved in the service this lady is required in the office most of her time. She does get around to one or two Distributing Centres within the Division but she cannot be at them all. We have to rely therefore on the Health Visitors and those excellent ladies of the voluntary staff to sell these foods. Quite a lot is involved in maintenance of records of sales, stock accounts and keeping check of the vouchers, etc.

At first there were grumbles because the foods could not be obtained so conveniently as had been the case before the change-over. But there is a difference between an office open every day, including Saturday mornings, and fully staffed, and clinic premises where we can only have limited times and a volunteer staff. People who were accustomed to get these foods at any time when out shopping found those limited facilities an inconvenience. We learned that a Friday had been the popular day for the collection of the Welfare Foods and I was able to arrange for an additional distribution session on a Friday morning at the Clinic. After some few weeks people got accustomed to the new set-up and although there was a temporary falling off in sales this soon righted itself. Below, I have tabulated the amounts of these Foods distributed since the take-over in July to the end of the year. I would like to point out that those entitled to receive these foods are not necessarily obliged to attend at the Distribution Centre in the area in which they reside. These foods can be obtained at any Distribution Centre. For general information I append a list of the Distributing Centres throughout the Division.

**Welfare Foods Sold in Stocksbridge: July to 31/12/54**

District	National Dried Milk	Cod Liver Oil	A & D Tablets Pkt. 45	Orange Juice
Stocksbridge U.D.C.	1631	417	78	1938

Address of Premises	Days	Times
<b>WORTLEY RURAL DISTRICT</b>		
Clinic, Parish Hall, Oughtibridge ... ..	Thursday ... ..	2.00— 4.00 p.m.
Clinic, Brightholmlee Chapel, Wharncliffe Side ... ..	Alternate Tuesdays	2.00— 4.00 p.m.
Clinic, Memorial Hall, Worrall	Alternate Tuesdays	2.00— 4.00 p.m.
Child Welfare Centre, Miners' Welfare Hall, Chapeltown ... ..	Wednesday ... ..	11.00—12.00 a.m. 2.00— 4.00 p.m.
Clinic, Methodist Chapel, High Green ... ..	Tuesday ... ..	2.00— 4.00 p.m.
Clinic, Gatty Memorial Hall, Ecclesfield ... ..	Monday ... .. Thursday ... ..	2.00— 4.00 p.m. 2.00— 4.00 p.m.
Child Welfare Centre, Scout Hall, Grenoside ...	Thursday ... ..	2.00— 4.00 p.m.
Child Welfare Centre, Scout Hall, Tankersley ...	Alternate Mondays	2.00— 4.00 p.m.
Child Welfare Centre, St. Paul's Institute, Wheata Road, Sheffield 5 ... ..	Tuesday ... ..	1.30— 3.30 p.m.
Child Welfare Centre, Knowle Top, Stannington	Wednesday ... ..	2.00— 4.00 p.m.
Child Welfare Centre, Congregational Ch., Loxley	Alternate Tuesdays	1.30— 3.30 p.m.
<b>STOCKSBRIDGE URBAN DISTRICT</b>		
Child Welfare Centre, British Hall, Stocksbridge	Tuesday ... .. Friday ... ..	10.00—12.00 a.m. 1.30— 3.30 p.m. 1.30— 3.30 p.m.
<b>PENISTONE URBAN DISTRICT</b>		
Child Welfare Centre, Shrewsbury Rd., Penistone	Monday ... .. Friday ... ..	2.00— 4.00 p.m. 2.00— 4.00 p.m.
<b>PENISTONE RURAL DISTRICT</b>		
Child Welfare Centre, Golf Club, Cawthorne ...	Wednesday ... ..	1.30— 3.30 p.m.
Private House and Shop, Mrs. Laycock, Crag Lyn, Thurgoland ... ..	On application at House or Shop (Except Sundays)	
Shop—Co-op. Society, Crane Moor ... ..		Shop Hours
<b>HOYLAND NETHER URBAN DISTRICT</b>		
Child Welfare Centre, Church Schoolroom, Hoyland Common ... ..	Thursday ... ..	2.00— 4.00 p.m.
Child Welfare Centre, Miners' Welfare Hall, Hoyland ... ..	Tuesday ... .. Friday ... ..	11.00—12.00 a.m. 2.00— 4.00 p.m. 11.00—12.00 a.m.

## WELFARE SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY

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**Health Visiting.** There are three Health Visitors working within the Urban District of Stocksbridge. They are as follows :-

Health Visitor	Address	Tel. No.
Miss W. Morris (resigned 16/9/54)	23 Rossington Road, Ecclesall, Sheffield 11	—
Mrs. M. A. Keaney, (commenced duties 5/7/54)	91 Knowle Lane Ecclesall, Sheffield 11	Sheffield 75255
Mrs. H. Dransfield (Assistant)	“Skelton Villa”, 29 Pot House Lane, Stocksbridge	Stocksbridge 2214
Miss S. Willett, (commenced duties 1/10/54)	c/o 118 Manchester Road, Deepcar, Nr. Sheffield	Stocksbridge 2294

After many years of devoted service to the community Miss Morris retired on 16th September. I would like to put on record my thanks for all that she has done for the service and her valuable contribution to the Health and Welfare of the people.

In her place we welcome Mrs. Keaney who, although new to the work when she came to Stocksbridge, soon established herself as a kindly and efficient Medico-social worker.

Mrs. Dransfield, in the last year or two divided her time between the Health Visiting work and the Home Nursing work. She has now become a full-time member of the Health Visiting Staff.

Miss Willett joined the service on the 1/10/54 as successor to Mrs. Davies. Her field of work is in the Deepcar section of the District. Her area extends to take in parts of the Wortley Rural District. We welcome her also to our team of Health workers.



There is no need for me to emphasise just how important a part of the Service Health Visiting is. We have these well trained and experienced social workers, with a long nursing experience behind them. The Health Visitor must be the connecting link in the whole Health Service chain. She is the liaison amongst all the various sections. She visits the homes, can consult with the family Doctors and offer the benefits of her training and experience, and she can keep in close contact with the Hospital Almoners so that her unique knowledge of the home environment of a patient can be correctly interpreted to the consultant in charge of the patient's treatment.

There can be no doubt that an efficient Health Visitor can be of inestimable value to the Family Doctor. She can encourage the patient to carry out her Doctor's wishes. She can provide Domestic Help if need be and can impart information concerning any environmental problems to the patient's medical adviser. All this is necessary in a complete Health Service. Besides this Social work, the Health Visitor advises in Infant Welfare in all its varied aspects. She is also there to advise the expectant mother and be present at the ante-natal clinic to hear what the Medical Officer has to say.

We need more Health Visitors. The establishment in the Division is below strength. There is a scarcity of them throughout the County if not the Country. In Stocksbridge we are working slightly under establishment and this means greater efforts on the part of those we have. Nevertheless, the service is being maintained at a high level of efficiency. Towards the end of the year the County Council decided to instal a telephone in the homes of each Health Visitor so that they could be in closer touch with the Doctors in the area, with Hospitals and with the Central Office.

During the year these Health Visitors made 5,280 visits to homes in the Stocksbridge Urban District.

**Home Nursing.** This service is provided by one Home Nurse who is fully equipped and mobile :

	Address	Tel. No.
Miss D. Webb	61 Melbourne Road, Garden Village, Stocksbridge.	3165

During part of the year Miss Webb had some help from Mrs. Dransfield until the latter became a full-time member of the Health Visiting Staff. Needless to say there is far more work than is reasonable for Miss Webb. At times she has had help from Nurses from other parts of the Division—but at best this can only be an inadequate substitute for a complete establishment.

It is hoped to obtain additional staff sometime in the near future. The County Council are discussing the question of a general increase of the Home Nursing establishment throughout the County.

This service is bringing to the patient in his or her own home that nursing skill which is so essential in proper treatment. The Family Doctors are finding that the Home Nurse is an indispensable part of the General Practitioners' Service. It is to be hoped the Local Health Authority can supply the Nursing Staff soon.

I feel I ought to mention at this point that in some instances it might be easier to get a nurse for the District if she could be assured of adequate housing. I know it is asking a lot to ask you, as the Housing Authority, to provide such accommodation, but the truth of the matter is that unless we can offer them housing we find continued difficulty in getting staff. In the year Miss Webb and, for part of the period, Mrs. Dransfield together made a total of 4,484 home visits—actually an increase compared with the figures for 1953.

**Midwifery Service.** Two highly trained and fully equipped Midwives provided this Service in Stocksbridge.

Midwife	Address	Tel. No.
Miss A. Burrows	"Hill View", Rundle Road, Stocksbridge	Stocksbridge 2189
Miss R. Crossley	10 Ashfield, Deepcar	Stocksbridge 3135

During the year there was a slight falling off in the number of Midwifery cases attended by these Midwives. In all they attended at 69 cases—64 as Midwives and 5 as Maternity Nurses.

Each of these Nurses possesses the necessary apparatus to administer Gas and Air Analgesia. Of the total cases attended by these Midwives, only 25 availed themselves of the benefits of this provision.

**Domestic Help Service.** This service continues to increase in popularity as the years pass. During 1954 I had the utmost difficulty in supplying all the requests for help. Each Divisional Medical Officer is given a quota of Domestic Help Hours above which he cannot go. This has meant that from time to time I have had to clip hours from some cases so that others may have a share. This was the experience of most of my Colleagues throughout the County and early in the year the County Council decided to increase the overall establishment of Domestic Helps within the County. This was finally accomplished and a more generous allowance was provided.

This is, as you all know, a very important service. It is now part and parcel of the Social structure. People know they can get help in the home when it is necessary. Family Doctors now ask the Health Visitor, or Home Nurse or Midwife to obtain Domestic Help, and Welfare Departments have found out that the Domestic Help is a useful ally. So we provide the Home Help and in Stocksbridge we have been fortunate in having those capable, kindly women available to carry through this service.

During the year a total of 7,352 Domestic Help hours were provided. In all 11 Domestic Helps were employed and 41 patients benefited from the service.





## SANITARY CIRCUMSTANCES, 1954.

(Prepared by Mr. D. E. Robinson).

### Nuisances.

The following table shows the number and type of nuisances found and the action taken during the year:—

Blocked Drains ... ..	84
Blocked or defective sink wastes ...	11
Blocked or defective W.C.'s ...	8
Defective Dust Bins ... ..	22
Defective roofs, eaves gutters and fall pipes ... ..	10
Dampness—various causes ...	8
Defective fireplaces ... ..	1
Privy Conversions ... ..	3
Miscellaneous ... ..	6
	<hr/>
Total	153
Nuisances brought forward from 1953	7
	<hr/>
Total needing abatement ... ..	160
Abated during 1954 ... ..	153
	<hr/>
Outstanding December, 1954 ...	7

### Notices.

Informal notices served ... ..	62
Complied with ... ..	58

No Statutory notices were served during the year.

### Sewerage and Sewage Disposal.

Sewers were extended during the year to meet the needs of the Council's housing development and also for some private development, but all the building took place within reasonable reach of the existing system.

It is not possible to give definite information about the probable date of the commencement of the improvement of the Sewage Disposal Works and the sewerage system.



## Closet Accommodation.

The closet accommodation at the end of the year consisted of 86 privies and 3,439 water closets.

Shortage of labour and the fact that the conversion of those privies now remaining invariably present some difficulty has retarded progress, but action is taken by two methods:—

- (a) The serving of a notice on the owner under Section 47 of the Public Health Act, 1936, that the Council intend to carry out the conversion, and
- (b) By making a payment to owners of property who themselves convert privies to the water carriage system.

### ACTION TAKEN DURING 1954.

under (a) Brought forward. 5 notices concerning 8 privies.

Dealt with ...	2	„	„	2	„
Outstanding ...	3	„	„	6	„

under (b) 2 privies were converted by the owner.

### INCREASED ACCOMMODATION.

9 additional W.C's were provided to existing properties.

## Public Conveniences.

A group of public conveniences was completed during the year on the site of the Car Park, Manchester Road, which is close to the central shopping area.

Work has commenced on conveniences at Oxley Park and it is also the intention of the Council to erect conveniences at Bolsterstone and to improve those already existing at the Memorial Grounds.

## Refuse Collection.

At the close of the year the district was served by 3,037 dust bins, 86 privies and 20 dry ashpits.

The staff engaged in collection was the same in numbers as for the previous year.

It is becoming increasingly difficult to keep personnel who are willing and able to discharge this duty, and though the number of employees and the vehicles used seem sufficient for the purpose, the service has, on occasions, been unsatisfactory.

It may be that some form of incentive bonus may have to be paid to induce operatives to effectively carry out this somewhat onerous duty.

The tip at Woodroyd Road and the larger tip at Pot House were used, the first-named now being almost complete.

## Salvage.

The collection of waste paper was continued and the sales made under contract to Messrs. Thames Board Mills were as follows :—

	T.	C.	Qrs.		£	s.	d.
Mixed Waste ...	28	7	2	value	186	0	9
Periodicals ...	13	15	3	„	117	4	1
Newsprint ...	23	4	0	„	220	8	2
Total ...	65	7	1		£523	13	0

## Food.

**MILK.** There are ten registered milk retailers in the district. One Pasteurising Plant is licensed under the Milk (Special Designation—Pasteurised and Sterilised) Regulations, 1949, which draws supplies mainly from local farms, and one dealer's licence is in force in respect of Tubercular Tested Milk under the Milk Special Designation (Raw Milk) Regulations, 1949.

**ICE CREAM.** No Ice Cream is manufactured locally. Two licences for the sale only of ice cream were granted during the year, bringing the total number of premises so licensed to 27.

**INSPECTION.** 39 Inspections of registered premises were made.

## Meat.

With the withdrawal of control on meat supplies, the Council had to consider six applications for the licensing of slaughterhouses. After due consideration five licenses were granted for a short period, but in only three of these has slaughtering taken place.

From July onwards 143 visits were paid and the carcasses of 101 beasts, 272 sheep and 238 pigs were examined.

Diseased conditions were found and the following were surrendered and destroyed:—

IN GENERALISED TUBERCULOSIS. The carcass and all organs of a cow.

IN LOCALISED TUBERCULOSIS. Two sets beasts' lungs, one beast's liver and two beasts' mesenteries, one pig's mesentery.

IN FEVERED CONDITION, BRUISES, ETC. The carcasses of two pigs and the hind legs of two pigs.

IN ABCESSES AND PARASITIS. Seven beasts livers, four sheeps' livers, three sheeps' lungs.

ACTINOMYCOSIS. The udders of a pig.

The slaughterhouses in use were well kept and whilst the advantages of more centralised slaughtering are recognised, I believe that the butcher with his own slaughterhouse and a nearby close of land for properly resting stock purchased in advance of his requirements, has undoubted advantages in producing good quality meat.

## Other Foods.

The following is a list of unsound foods surrendered and destroyed by incineration.

			lbs.	ozs.
Canned Meats	...	...	136	7
Canned Fish	...	...	0	7 $\frac{3}{4}$
Canned Fruit	...	..	152	6
Canned Vegetables	...	...	12	13 $\frac{1}{2}$
Canned Milk	...	...	13	0
Pork Sausage	...	...	27	0
Bacon	...	...	94	0
Cheese	...	...	50	12
Butter	...	...	6	0
Cereals	...	...	14	0
Dried Fruit	...	...	14	0
Liquid Eggs	...	...	32	0
			552	14 $\frac{1}{4}$

About 10 cwts. of similar stocks were examined and found satisfactory.



## Food Premises.

The number and type of food premises in the area including sales shops are as follows:—

Bakeries ... ..	3
Works Canteens and Cafes ...	4
Fish Friers and Wet Fish Salesmen	7
General Grocers ... ..	10
General Grocers including Bread and Confectionery ... ..	39
General Grocers including Bread, Confectionery and Meat ...	2
Sugar Confectionery ... ..	8
Butchers ... ..	13

## Water Supply.

The Sheffield Corporation distribute water in the Stocksbridge area and of the 3,334 houses, 3,252 have a public supply. There has been no change regarding the private supplies.

## Rodent and Insect Control.

A 10% test of the district sewers was carried out and takes of pre-bait occurred in one section. Poison bait was laid at the appropriate points and later inspection showed the section involved to be free from infestation.

Some minor rodent infestations were found on business premises and dwellings, and advice and assistance with the necessary treatment was given to the occupiers.

An infestation of rats was noted at a local farm and this was successfully treated by the operatives of the Ministry of Agriculture and Fisheries.

One instance of infestation of a dwelling house by insects was reported and dealt with.

## Disinfections.

Premises were disinfected in twelve instances after Infectious Diseases.



## Housing.

### NEW HOUSES COMPLETED.

(a) By Local Authority			
Stubbin Estate	...	...	72
(b) By Private Enterprise	...	...	22
Total	...		94

## Relief of Overcrowding.

In the letting of the Council's houses, six cases of statutory overcrowding concerning 22 persons were dealt with.

## Repair and Reconditioning.

Six defective dwelling houses were rendered reasonably fit in consequence of informal action by the Local Authority.

## New Buildings and Development, 1954.

### PROPOSALS SUBMITTED FOR APPROVAL.

	Approved.	Disapproved.	Total.
Garages ...	68	-	68
Garden Sheds, Coal Stores, Porches, etc.	10	-	10
Sanitary Conveniences	12	-	12
Store Sheds	6	-	6
Office and Works Extension	16	-	16
New Dwelling Houses	13	-	13
Dwelling House Extensions	10	-	10
Overhead Lines, Y.E.B.	12	-	12
Advertisement Signs	4	-	4
Housing Estate	1	-	1
House and Shop	2	-	2
Caravan Site	2	-	2
Joiners Workshop	1	-	1
Nissen Hut for Piggery	-	1	1
House and Shop	-	1	1
Garage	-	1	1
Total	157	3	160



